

Dear Applicant:

Thank you for your interest in becoming licensed to practice your profession in the State of Nebraska. Prior to submitting your application for a credential, it is important that you be aware of certain aspects of the application process.

The application form includes a series of questions about an applicant's history regarding licensure, physical and mental health, criminal conduct, and for some professions, malpractice. I encourage you to read these questions carefully. It is expected that applicants answer these questions completely and truthfully. If others are assisting you in the completion of your application, make sure to review the information completely before signing the application. An adverse event in your past is not an automatic disqualification from being issued a credential. The Board will review all of the information surrounding the event in making a determination of your fitness to practice your profession.

It is important that you fully disclose all arrests, charges or convictions. Questions on the application ask about charges or complaints filed against you by any licensing or disciplinary authority and also about charges or complaints filed against you by any criminal prosecution authority. Even if the charges were dropped, dismissed, pled down or settled through diversion or if the sentencing was deferred or the conviction was expunged, set aside or pardoned, you must provide this information on the application. Failure to fully disclose could be considered as misrepresentation on your application which is grounds to deny your application for a credential.

Applicants are asked whether you have ever been convicted of a misdemeanor or felony. Some offenses that most people would consider as minor violations are actually misdemeanors, so it is important that you thoroughly review your history in order to provide accurate information regarding convictions. You may want to contact the court or seek the advice of an attorney to determine whether an event in your past resulted in a misdemeanor or felony conviction.

Applicants should also be aware that it is the policy of the Licensure Unit that applications may not be withdrawn to avoid or circumvent a denial decision or to circumvent public records and reporting requirements. Understand prior to submitting your application that you may not be allowed to withdraw. Applicants who do not meet the requirements for a credential will be denied.

Thank you for taking the time to read this letter. I hope my comments are helpful to you. If you have further questions regarding the application process, please contact our office at DHHS.MedicalOffice@nebraska.gov or (402) 471-2118.

Sincerely,



Becky Wisell, Administrator
Licensure Unit

If you answer “yes” to any of the questions in Section E on the pharmacist application, you must submit the following documentation to our office for review by the Board of Pharmacy:

1. Letter of Explanation:

- Explain the event including the month, year, and your age at that time.
- Explain to the Board how you plan to prevent this situation from recurring and/or what actions you have taken to prevent this from occurring in the future.
- Explain to the Board what you have learned from this experience.

2. Documentation (Copies are accepted):

- Copy of official record(s) from the original source (i.e.: court order, ticket, letter from the court stating you met all requirements, letter from probation officer stating probation (if any) was completed successfully, letter of release from your doctor/psychiatrist/therapist/hospital, and any other supporting documentation).
- Documentation can be faxed directly to our office.
- If you experience difficulty in obtaining copies (i.e. Judicial System, doctor/psychiatrist/therapist/ hospital), explain that the Board of Pharmacy requires the documentation in order for you to attain a pharmacist intern registration. If you are then unable to obtain the documentation, please state this in your Letter of Explanation.
- If the Judicial System/doctor/psychiatrist/hospital or any other facility does not have any record of your file or your record is no longer available, please have them state this in writing and forward the letter to our office. Please include this also in your Letter of Explanation.

Mail or fax documentation to:

DHHS Licensure Unit
Attn: Pharmacy Desk
301 Centennial Mall South, 1st Floor
P.O. Box 94986
Lincoln, NE 68509-4986
402-471-8614 (fax)

Application Deadlines – When Board Review Required

Some applications must be reviewed by the Board of Pharmacy during scheduled Board meetings. If the Department determines that your application requires Board review, all application materials - including required supporting documentation - must be received by the deadlines below in order to be reviewed at the next scheduled Board meeting. If your application does not require Board review, your credential will be issued after your application is reviewed and all required materials are received.

APPLICATION/DOCUMENT DEADLINE	MEETING DATE
February 20, 2015	March 09, 2015
April 24, 2015	May 11, 2015
June 26, 2015	July 13, 2015
September 11, 2015	September 28, 2015
October 30, 2015	November 16, 2015
January 8, 2016	January 25, 2016



DHHS
Division of Public Health
Licensure Unit -- ATTN: Pharmacy Desk
PO Box 94986
Lincoln, NE 68509-4986
Phone (402) 471-2118
Fax (402) 471-8614
E-mail questions to: dhhs.medicaloffice@nebraska.gov ATTN: Pharmacy Desk

For Board of Pharmacy Use Only:

Accounting: BU #25550149

PHYSICAL ADDRESS: 301 Centennial Mall South -- 3rd Floor
Lincoln, NE 68508

NEBRASKA PHARMACIST APPLICATION TO PRACTICE PHARMACY

I hereby apply for a license to practice pharmacy in the State of Nebraska by:

- ☐ Taking NAPLEX by Exam for Nebraska; or
☐ NAPLEX Score Transfer to Nebraska; or
☐ Reciprocity with the state of _____

SECTION A – FEES: To determine the licensure fee due, see the chart below. If you are applying for licensure within 180 days of the expiration date (January 1 of even years) the fee will be \$44.50. Personal checks ARE accepted. Make checks payable to DHHS Licensure Unit.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178
Odd Numbered Year	\$178	\$178	\$178	\$178	\$178	\$178	44.50	44.50	44.50	44.50	44.50	44.50

SECTION B – PERSONAL INFORMATION (All applicants must complete this section)

Legal Name:	Last:		First:		Middle:
	Maiden Name:		Other Names Also Known As:		
Mailing Address:	Street/PO/Route:				
	City:		State:		Zip:
Permanent Address: <input type="checkbox"/> Same as above	Street/PO/Route:				
	City:		State:		Zip:
Demographic Information:	Date of Birth:		Place of Birth:		Gender:
	Phone #:		Cell #:		E-mail Address:
Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);				SSN#
	<input type="checkbox"/> Alien Registration Number ("A#"); or				A#
	<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:				I-94 #

NOTE: If you have both a SSN and an A# or I-94 number, you must report both.

Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.

SECTION B – PERSONAL INFORMATION (CONTINUED)

College/School of Pharmacy:	Name of College/School:	City:	State:
	Date of Graduation:		

SECTION C – ADDITIONAL INFORMATION REQUESTED: (All applicants must complete this section)

According to **Neb Rev Stat 71-2407**, all Mail Service pharmacies are required to employ a full-time pharmacist who holds a current unrestricted Nebraska Pharmacist License. Are you applying for this purpose? ☐ Yes ☐ No

Name of Mail Service Pharmacy: _____ Nebraska License #: _____
Address of Pharmacy: _____

NOTE: If the PIC and/or the NE licensed RP on file for the facility need to be changed, your facility will need to contact our office at annette.scheinost@nebraska.gov to obtain an amendment form to complete the change(s).

SECTION D – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section)

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

Have you actively practiced as a pharmacist in Nebraska prior to being issued an active Nebraska pharmacist license?	Answer YES or NO
If YES, how many days have you actually practiced as a pharmacist in Nebraska prior to being issued a license?	Total Number of Days

SECTION E – ALL APPLICANTS ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS EITHER 'YES' OR 'NO':
(If you answer 'YES' to any of the following questions, include documentation and a written explanation addressed to the Nebraska Board of Pharmacy regarding the circumstances and the outcome. Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of civil penalty.)

SUB-SECTION I	Yes	No
1. Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever voluntarily surrendered or voluntarily limited in any way a professional license or permit issued to you by a licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been requested to appear before any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	<input type="checkbox"/>	<input type="checkbox"/>
SUB-SECTION II	Yes	No
1. Are you currently, or have you been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently, or have you had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/>	<input type="checkbox"/>
SUB-SECTION III	Yes	No
1. Have you been convicted of a felony? (If you answer YES to this question, you must answer YES to question 3, Section III also.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of a misdemeanor? (If you answer YES to this question, you must answer YES to question 3, Section III also.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/>	<input type="checkbox"/>
SUB-SECTION IV	Yes	No
1. Have you been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F – ATTESTATION (All applicants must complete this section)

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows (*check **ONLY ONE** of the boxes below*):

- ☐ I am a citizen of the United States; or
- ☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- ☐ I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-Immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A “Green Card” otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number (“A#”), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that I have read the application or have had the application read to me; all statements on the application are true and complete; I am of good character; and I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §38-178 and/or 38-179. If you have committed act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____

Date: _____



DO NOT SEPARATE THE TOP OF THIS PAGE FROM THE BOTTOM

NOTE: In order for your application to be considered complete, you **MUST** also submit the following documents:

NOTE: If your name does not match on **ALL** pieces of application information, please submit a copy of your proof of name change (ie: marriage license, divorce decree, legal name change document).

1. ☐ Nebraska application fee (see chart on page 1 of this application)
2. ☐ Proof of age: You must submit evidence of at least 21 years of age (i.e.: a **COPY** of a driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation).
3. ☐ Proof of citizenship and/or lawful presence: You must submit a **COPY** of at least one of the following documents:
 - (1) A U.S. Passport;
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) A “Green Card” (otherwise known as a “Permanent Resident Card” Form I-551);
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number (“A#”); or
 - (14) A Form I-94 (Arrival-Departure Record)
4. ☐ Proof of pharmacy education: You must request official documentation of successful completion of a pharmacy degree program from an accredited pharmacy program or from a foreign school or college of pharmacy. **NOTE:** Your pharmacy program may directly send to the Department the Certificate of Education (found on page 6 of this application) or an official transcript in a SEALED COLLEGE ENVELOPE. If you are sending the Certificate of Education or official transcript with your application, it will need to arrive in a SEALED COLLEGE ENVELOPE.

Continued to next page

5. ☐ **Conviction information:** If you have been convicted of a felony or misdemeanor, you must submit:
- (1) A copy of the court record, which includes charges and disposition;
 - (2) A letter of explanation addressed to the Nebraska Board of Pharmacy from the applicant regarding the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (3) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required
 - (4) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.
6. ☐ **Disciplinary action information:** If you have had any disciplinary actions taken against your professional credential(s) in any state, you must submit a copy of the disciplinary action(s), including charges and disposition along with a letter of explanation.
7. ☐ **Applicants by RECIPROCITY:** Along with the information listed in 1 through 6, you must also submit the completed NABP Official Application for Transfer of Pharmacist License. This document must be received by our office no later than 90 days from the date of issuance, or you will need to send it back to NABP for an extension.
- NOTE: You will need to sign up to take the Multistate Pharmacy Jurisprudence Examination (MPJE) at www.NABP.net so that Nebraska will be able to make you eligible to take the exam once you have a complete application file.**
8. ☐ **FOREIGN PHARMACY GRADUATE applicants:** Along with the information listed in 1 through 6 (if applying by Exam or Score Transfer) or 1-7 (if applying by Reciprocity), you must also submit a COPY of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

INFORMATION REGARDING LICENSURE REQUIREMENTS FROM THE STATUTES RELATING TO PHARMACY

38-2851. Pharmacist; license; requirements.

- (1) To be eligible to take the pharmacist licensure examination, every applicant must present proof of graduation from an accredited pharmacy program. A graduate of a pharmacy program located outside of the United States and which is not accredited shall be deemed to have satisfied the requirement of being a graduate of an accredited pharmacy program upon providing evidence satisfactory to the department, with the recommendation of the board, of graduation from such foreign pharmacy program and upon successfully passing an equivalency examination approved by the board.
- (2) Every applicant for licensure as a pharmacist shall (a) pass a pharmacist licensure examination approved by the board, (b) have graduated from a pharmacy program pursuant to subsection (1) of this section, and (c) present proof satisfactory to the department, with the recommendation of the board, that he or she has met one of the following requirements to demonstrate his or her current competency: (i) Within the last three years, has passed a pharmacist licensure examination approved by the board; (ii) has been in the active practice of the profession of pharmacy in another state, territory, or the District of Columbia for at least one year within the three years immediately preceding the application for licensure; (iii) has become board certified in a specialty recognized by the Board of Pharmacy Specialties or its successor within the seven years immediately preceding the application for licensure; (iv) is duly licensed as a pharmacist in some other state, territory, or the District of Columbia in which, under like conditions, licensure as a pharmacist is granted in this state; or (v) has completed continuing competency in pharmacy that is approved by the Board of Pharmacy.
- (3) Proof of the qualifications for licensure prescribed in this section shall be made to the satisfaction of the department, with the recommendation of the board. Graduation from an accredited pharmacy program shall be certified by the appropriate school, college, or university authority by the issuance of the degree granted to a graduate of such school, college, or university.
- *****

All pharmacist licenses expire January 1st of even years. Return application and supporting documents to the address shown at the top of the first page of this application. A listing of application requirements may be found at the following link:

http://dhhs.ne.gov/publichealth/Pages/crl_medical_pharm_pharmlic_rp.aspx

If you have questions, please e-mail ATTN: Pharmacy Desk at dhhs.medicaloffice@nebraska.gov or call 402-471-2118.

Please Note: Nebraska requires that your application be completed within **150 days** from the date your first piece of application information is received by the Department. **The application process includes passing the required exam(s).** If the process is not completed within 150 days, your application and supporting documentation will be destroyed and a refund will be processed, less the administrative fee of \$25.00.

01/2015

State of Nebraska
Department of Health & Human Services – Division of Public Health
Licensure Unit, ATTN: Pharmacy Desk
PO Box 94986, Lincoln, NE 68509-4986
(402) 471-2118

Certificate of Pharmacy Education

This certificate must be completed by your college/school. We no longer require a copy of your college diploma.

I certify that:

(Full Name of Student) (Birth Date or SS# of Student)

Matriculated in:

(Name of College)

At:

(Location)

and received a diploma from this institution conferring the degree of the following:

☐ Bachelor of Science in Pharmacy or ☐ Doctor of Pharmacy

(College Seal)

Date of Graduation

Signature of Dean or Assistant/Associate Dean

Once this form has been completed, it may be returned to you to submit with your application. If you submit it with your application, it must be in the original SEALED COLLEGE ENVELOPE. The college may also send it directly to our office at the address below:

DHHS
Division of Public Health
Licensure Unit ATTN: Pharmacy
PO Box 94986
Lincoln, NE 68509-4986

If you have any questions, please call (402) 471-2118.